

SUICIDE PREVENTION



The Voyage

- Who Attempts Suicide?
- What Can We Do?



Magnitude of Problem

- **Suicides in U.S.**
 - 30,000+ per year in U.S.
 - Outnumber homicides 3:2
 - Twice the number of HIV/AIDS deaths
 - 3,400 in California (2003), > 9 per day
- **Suicide Attempts in U.S.**
 - 400,000 Emergency Room Visits
 - About 750,000 Attempts

Demographic Risks (U.S.)

- Male
 - 4 times as many men complete suicide
 - 3 times as many women attempt
- White or Native American
- Older
- Western States and Rural

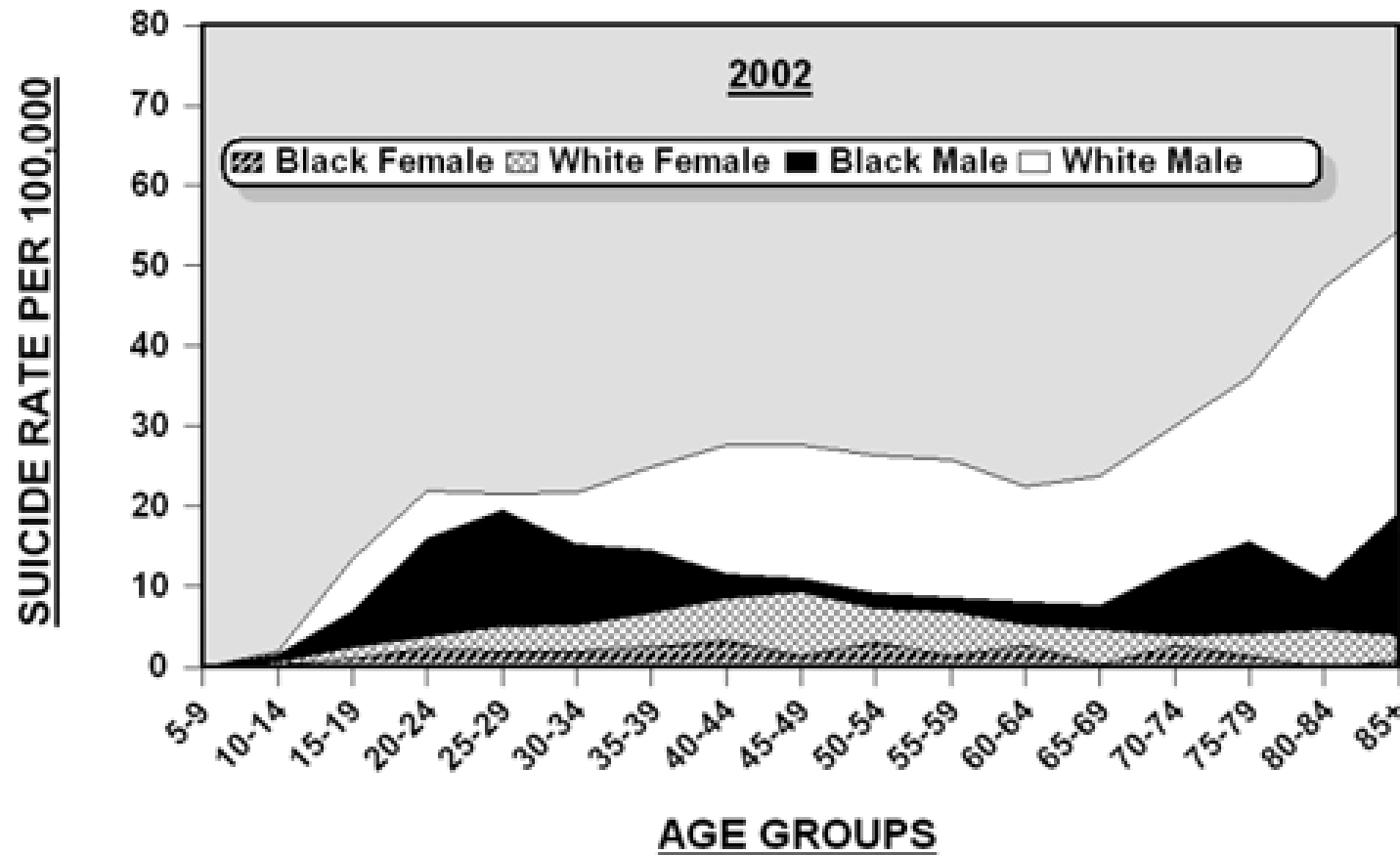
Clinical Risks

- Mental Illness (10 to 15% vs. < .01%)
- Substance Abuse
- Family History of Suicide
- History of Past Attempts
- Childhood Abuse
- Hopelessness
- Impulsivity

Social Risks/Protections

- Life Partner
- Social Support
- Beliefs and Values
- Loss
- Willingness to Seek Help
- Access to Means

U.S. SUICIDE RATES BY AGE, GENDER, AND RACIAL GROUP



Source: National Institute of Mental Health
Data: Centers for Disease Control And Prevention, National Center For Health Statistics

Beware of Numbers



- Differences in Reporting
- 1 Statistic Doesn't Tell the Whole Story
- Regional and International Variations
- Correlation vs. Causation

Adolescent and Young Adult Suicides



- Rate doubled for 15-19 year-olds between 1970-1990.
- Alarming rise in male African American youth & young adults.
- Native American males have highest rate among 15—24 year-olds.
- African American females have lowest rate.

Adolescent and Young Adult Attempts

- Differences Among H.S. Students
 - More attempts in 9th & 10th grade
 - 17.4% of L.A. female H.S. students reported at least 1 attempt in last year vs. 11.1% in U.S.
 - Latinas highest; Black and Latino males > White
- More Attempts among GLBTQ Youth



Older Adults and Suicide

➤ Rate in California is Higher Than National Average

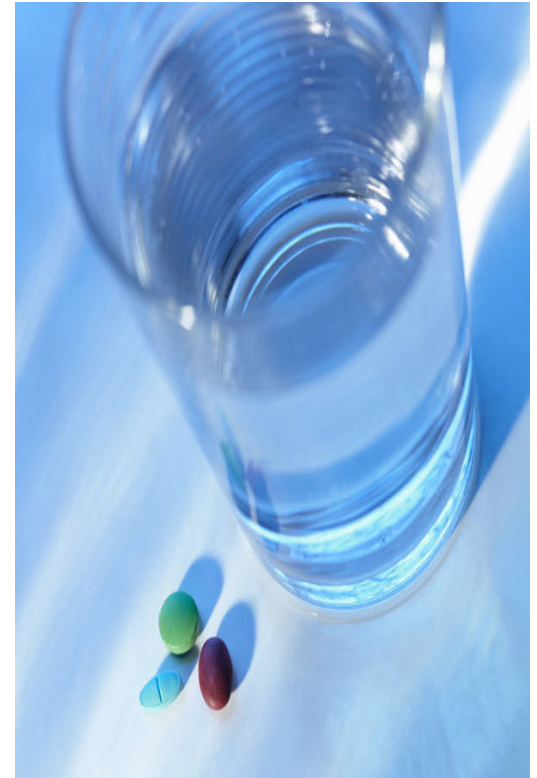
➤ Rate for Women is Highest among Asian Americans



- Physical Health is Relatively Good Among Majority
- About 75% Saw a Primary Care Physician in Prior Month
- PCP's Response to Depression is Not Optimal

Limitations of Traditional Treatment

- > Half Disorders Not Treated
 - Stigma
 - Discrimination
 - Access
- Treatment Adherence
- Treatment Effectiveness



Suicide Prevention Goals

- Reduce Incidence of Suicide & Attempts
- Reduce Lethality of Attempts
- Reduce Trauma of Suicide

Adolescent Strategies

- Increase Mental Health Literacy: Students, Educators & Parents
- Screen, Selectively Assess & Treat
- Intervene in Emergency Rooms
- Create and Publicize Teen Crisis Lines
- Use Crises as Outreach Opportunities

Adult Strategies

- Create Focused Media Campaigns
- Replicate Air Force Project with Similar Groups
- Publicize Crisis Lines
- Train Natural Helpers
- Develop Special Program for Jails
 - Suicide 9x general rate; 15x greater for men

Older Adult Strategies

- Train Primary Care Providers
- Train Caregivers
- Reduce Isolation
 - Phone Support
 - Transportation Support
 - Peer Visitors

Care Provider Strategies

- Train Primary Care Providers
- Train Emergency Responders
- Train Natural Helpers
- Increase Expertise of Mental Health and Substance Abuse Providers

Postvention Strategies

- Suicide Crisis Lines
- Care Following Attempts
- Suicide Response Teams
- Survivors' Phone Support
- Bereavement Groups
- Media Education

Harm Reduction Strategies

Delay Alcohol & Substance Use
Gun Control
Blister Packs
Bridges



Effective and Promising Strategies

EFFECTIVE

- All: Limits on Packaging
- Youth: C-Care/CAST, ER Means Restriction Ed., Specialized ER Intervention for Adolescent Females (Rotheram-Borus, et al)
- Adults: Brief Treatment After Self-Poisoning (Guthrie), U.S. Air Force Program
- Elderly: PROSPECT

PROMISING

- Youth: Lifelines, Reconnecting Youth (RY), SOS, Teen Screen, Zuni Life Skills Development

NOT THE END

Identify and Help Others in Crisis

Address Stigma That Inhibits Help-Seeking



Increase Settings Where Help Can Be Found

Contact Information

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Nationwide 24-hour Suicide Prevention Linking Lines
1-800-273-TALK and 1-800-SUICIDE